Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

#### **Project Status Description**

Item: SAC 448031

County/State: Sabine, TX

Total Award Amount: \$280,639.98

#### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

46 27 34 110	554.1009 Annual Reporting		Avs Burde	FCC Form Approved by OMB OMB 3060-1185 II Estimate per Respondent: 18 Hours
	lection Form	448032		Accepted / Filed
<010>	Study Area Code			· reachted / Linea
<015>	Study Area Name	Texas 10, LLC	·· /	JUN 2 9 2017
<020>	Program Year	2017		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
			W. W. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	
<040>	Has the information required pursuant to §54.1009 <a>&lt;041&gt;</a> Attach a description of the documents file		<040> O	•
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	r tribal lands? Yes or No)	0	•

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form		The state of the Control of the state of the	FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185 Page 2 of 8
		<u> </u>		
<010>	Study Area Code		448032	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identif Contact Email Address - Email Address of person identif		6105356474 ext.	
<b>\0332</b>	Contact Ernan Address - Email Address of person licentin	ica in data in c 1000	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104	
<114>	City	Wayne		
<115>	State	PA		
<116>	Zip-Code	19087		
<117>	Telephone Number	6105356474 ext.		
<118>	Fax Number			
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	enation.com	
Contact In	if same as above, indicate in this box			
420	· · · · · · · · · · · · · · · · · · ·			
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh		<u> </u>
<121>	Filing Carrier Name	Texas 10, LLC		
<122>	Street Address (or PO Box)	1170 Devon Park Driv	ve Suite 104	
<123>	City	Wayne		
<124>	State	PA		
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
Authorize	d Agent Information if no agent, indicate in this box			
-1205	<del></del>			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State		***	
<135>	Zip-Code			
<136>	Telephone Number	·		
<137>	Fax Number			
<138>	Email Address			

(D60) Coverage and Performance Report FCC Form 690 Ap proved by OMB OMB Control No. 3060-112 Page 3 of 8	
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<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448032_CPRd_TX.zip	 	
		- 1

Coverage and Performace attachments

<141>

<a1></a1>	<b>&lt;</b> a2>	<a3></a3>	<b1></b1>	<b2></b2>	<bs></bs> 463>	se15	<c2></c2>	<c3></c3>	<0>>
State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
			\$	See attach	ed works	heet			
	-							-	
				<b>}</b>					
	<b>†</b>								

Ţ	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

OMB Control No. 3060-1185 Page 4 of 8
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<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448032	Filing Due Date for this form: 07/03/	/2017	
Persons willfully making false statement		y fine or forfeiture under the Communications Act of 19: 18 of the United States Code, 18 U.S.C. § 1001.	34, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment	

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to author	ize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
	porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the repor	ts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authori	d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
l, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of I	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Age	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

980) Triba	i Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 5 of 8
<010>	Study Area Code		448032	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identif		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	fied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation	Name of Attached Docume	ent (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		(Yes, No. Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(11)
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

W1856/83///10///10/2000		
(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
	Millionesis (1888) Francisco de managementantes es Estado antico (1884) Antico (1884) Antico (1884) Antico (18 Millionesis (1888) Francisco (1884) Antico (1884) Antico (1884) Antico (1884) Antico (1884) Antico (1884) Antico	ikikatuan suumissi kassa karin moon suumis seniin maasa seniin uuris kassa soo soo soo muu ka maanii ilii ka s
<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	244530.00
<203>	Total Mobility Fund Support Disbursed	225187.68
<210>	Actual Completion Date	07/29/2015
		448032 PSD TX.pdf
<211>	Project Status Description (attached)	446032_FSD_IX.pdf
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	
<213>	Status of Network Deployment - Construction	<del></del>
<214>	Status of Network Deployment - Deployment	<u> </u>
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	<del> </del>
<217>	Project Plan Status	<del></del>
	· · · · <b>/</b> · · · · · · · · · · · · · · · · · · ·	

3G

<218> Network will Support 3G/4G Mobile Service ?

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OM8 Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas	10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh			
Fitle or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer	6105356474 ext.			
Study Area Code of Reporting Carrier:	448032	Filing Due Date for this form: 07/03/2017		

under Title 18 of the United States Code, 18 U.S.C. § 1001.

(102) Certification - Agent / Carrier	FCC Form 690
	Jan Arm
	Approved by OMB
	OMB Control No. 3060-1185
	CIND CONTOLING, ACCUTEDS
	Page 8 of 8

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstraushaugh@cellonenation com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
certify that (Name of Agent)is authorized to submit the information reported on behalf of the reporting carrier ilso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized igent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.			
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:	Da	ate:	
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(bunder Title 18 of the United States Code, 18 U.S.C. § 1001.	o), or fine or imprisonment	

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:	Date:		
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Agent:			
Study Area Code of Reporting Carrier: Filing Due Date for this f	orm:		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Con 18 of the United States Code, 18			

# **Attachments**

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	e and Perform	

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448032
<015>	Study Area Name	Texas 10, LLC
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<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

:141>

<=1>	<a2></a2>	<45>	<b>415</b>	<b2></b2>	<b>*63&gt;</b>	(CD)	(esp	<b>4:3&gt;</b>	Kalar T
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	Sabine	0000	0	0	0	0.0	0.0	0.0	Yes
	-								
	1								

Percentage of
<b>Total Population</b>
Reached by
Sanica

0			
			١
			١

Percentage of Total Road Miles covered by Service

0			
0			

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

### FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

#### **Project Status Description**

Item: SAC 448032

County/State: Sabine, TX

Total Award Amount: \$244,530.00

#### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

2011/2014/2014/2014	Fund \$54.1009 Annual Reporting lection Form		Avg. Burde	FCC Form Approved by OMB OMB 3060-1185 en Estimate per Respondent: 18 Hours
<010>	Study Area Code	448033		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2017		
<030>	Contact Name: Person USAC should contact with questions about this data	Chad		JUN 29 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Fed	eral Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
			2574/11/12/25 Se Wiell/11/26/55/	6840 (MANA BANGSAN) 1874 (MANA
<040>	Has the information required pursuant to §54.1009  <041> Attach a description of the documents file		/N) <040> O	•
	Action a description of the documents in	a war the Form 452 reporting		
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area covered to the stu	er tribal lands? Yes or No)	0	•

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase | Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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(050) Carr	ler Contact Form			FCC Form 690	
				Approved by OMB	
	and the state of t			OMB Control No. 3060-1185	
	i i Sali papara ana ing mga Sali Sali ang mga mga mga Sali ana ana ing sali ang mga mga mga mga mga mga mga mg Tang mga mga mga mga mga mga mga mga mga mg			Page 2 of 8	
<010>	Study Area Code		448033		
<015>	Study Area Name		Texas 10, LLC		
<020>	Program Year		2017		
<030>	Contact Name - Person USAC should contact regarding th		Chad		
<035> <039>	Contact Telephone Number - Number of person identified Contact Email Address - Email Address of person identified		6105356474 ext.		
10337	Contact Email Address Email Address of person identifie	diri data inic 4050	cstrausbaugh@cellonenation.com		
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder				
<110>	FCC Registration Number	17235110			
<111>	Filing Carrier Name	Texas 10, LLC			
<112>	Winning Bidder Carrier Name	Texas 10, LLC			
<113>	Street Address (or PO Box)	1170 Devon Park Dri	ve, Suite 104		
<114>	City	Wayne			
<115>	State	PA			
<116>	Zip-Code	19087			
<117>	Telephone Number	6105356474 ext.			
<118>	Fax Number	6106885209			
<119>					
	<del>-</del>	cstrausbaugneterron.	ende for. com		
Contact In	formation				
	if same as above, indicate in this box ✓				
<120>	Name (First, MI, Last, Suffix)	Chad Strausbaugh			
<121>		Texas 10, LLC			
<122>	Street Address (or PO Box)	170 Devon Park Driv	ze Suite 104		
<123>	- C1	Vayne			
<124>	Chala	PA	, to a succession of the succe		
<125>	7in Code	19087			
<126>	Talankan Musekan	5105356474 ext.			
<127>	Fay Number				
<128>	Farail Address	5106885209			
1220	-	estrausbaugh@cellone	enaction.com		
<u>Authorize</u>	d Agent Information				
	if no agent, indicate in this box				
<130>	Name (First, MI, Last, Suffix)				
<131>	Company		As a section of		
<132>	Street Address (or PO Box)				
<133>	City				
<134>	State				
<135>	Zip-Code			W 4 0 0	
<136>	Telephone Number				
<137>	Fax Number				
<138>	Email Address				

(060) Coverage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185
	Page 3 of 8

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448033_CPRd_TX.zip		

Coverage and Performace attachments

<141>

<a1> State</a1>	County	<a3> Census Block</a3>	Resident	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance dat is uploaded (Yes/no)
			(	see attach	ed works	heet			

0		0
Percentage of Total	Percei	ntage of Total
Population Reached by	Road N	liles covered
Sarvica	h	v Service

(070) Urban Rate Comparability Certification Compliance		Form 690 oved by OMB
		Control No. 3060-1185 4 of 8

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

d	ertification of Officer or I	Employee as to Compliance with 47 CFR §54.	.1009(a)(4)
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texa	s 10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448033	Filing Due Date for this form: 07/03/2	2017
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Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting		
	carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the		
authorized agent; and, to the best of my knowledge, the reports and d	lata provided to the authorized agent is accurate.		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer or Employee:	Date:		
Printed name of Authorized Officer or Employee:			
Title or position of Authorized Officer or Employee:			
Telephone number of Authorized Officer or Employee:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier		
	to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or	
data provided by the reporting carrier; and, to the best of n	nowledge, the information reported herein is accurate.	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:	Date:	
Name of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agent		
elephone number of Authorized Agent or Employee of Age		
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:	

080) Triba	Lands Reporting	and the second		FCC Form 690
	the control of the state of the			Approved by OMB
				OMB Control No. 3060-1185
				Page S of 8
-010-	Study Aven Code		448033	
<010>	Study Area Code Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad	
<035>	Contact Telephone Number - Number of person identifi		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif		cstrausbaugh@cellonenation.com	
		·	CS-LIABORAGIIGCCIIONCIM (1011, 1011)	
<142>	State			
				·· <del>·</del>
<143>	County	·		
<144>	Tribal Land(s) on which ETC Serves			
<b>\144&gt;</b>	Tibal Land(s) on which ETC Scives			
<145>	Tribal Government Engagement Obligation			
1170/	Tilbul Gotoriment Engagement Gungarion	Name of Attached Docum	ent (.pdf)	
			The second secon	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal	(Yes, No, Not Applicable)
	community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8
<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	367071.95
<203>	Total Mobility Fund Support Disbursed	359106.49
<210> <211>	Actual Completion Date  Project Status Description (attached)	08/13/2015 448033_PSD_TX.pdf
		(Name of PDF attached)
<212> <213> <214>	Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.  Status of Network Deployment - Network Design Status of Network Deployment - Construction Status of Network Deployment - Deployment	
<215>	Status of Network Deployment - Maintenance	<u>'</u>
<216>	Project Budget Status	<del> </del>
<217>	Project Plan Status	

**⊙** 3G **○** 4G

<218> Network will Support 3G/4G Mobile Service?

(101) Certification - Reporting Carries	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 7 of 8

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas 10, LLC		
Signature of Authorized Officer: CERTIFIED ONLINE	Date 06/28/2017	
Printed name of Authorized Officer: Chad Strausbaugh		
Title or position of Authorized Officer: Staff Counsel		
Telephone number of Authorized Officer: 6105356474 ext.		
Study Area Code of Reporting Carrier: 448033	Filing Due Date for this form: 07/03/2017	

(102) Certification - Agent / Carrier	FCC Form 690 Approved by OMB
	OMB Control No. 3060-1185 Page 8 of 8

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting carr liso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized Igent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:		,			
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
Persons willfully making false statements on this form can be pu	riting Due Date for this form.  ished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonmen er Title 18 of the United States Code, 18 U.S.C. § 1001.	t			

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier					
orts for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data of my knowledge, the information reported herein is accurate.					
Date:					
ing Due Date for this form:					

# **Attachments**

# (060) Coverage and Performance Report Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448033
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

cats	<a2>:</a2>	<43×	                                                                                                                                                                                                                                                                                                                                                     	<62×	<b3></b3>	«cl»	6635	2695	€d>
State	County Sabine	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тx	Sabine	0000	0	0	0	0.0	0.0	0.0	Yes

Percentage of
Total Population
Reached by
Sarvica

0			

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

## FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

#### **Project Status Description**

Item: SAC 448033

County/State: Sabine, TX

Total Award Amount: \$367,071.95

#### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund \$54,1009 Annual Reporting Jection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448034	A constant designation
	Study Area Name	Texas 10, LLC	Accepted / Filed
<020>	Program Year	2017	JUN 292017
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federal Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
UNUSHIN KANS		BUMBRICHARUSKIMISH MISHABARUMI MISHARASH MINING BARASH MINING MARASH MARASH MARASH MARASH MARASH MARASH MARASH	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (	<u>Y/N)</u> <040>
	<041> Attach a description of the documents fil	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	<042>
<080>	Tribal Lands Reporting {y/n?} (Does this study area cov	ver tribal lands? Yes or No)	$\cap$ $\bullet$

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Can	ier Contact Form			FCC Form 690
				Approved by OMB OMB Control No. 3060-1185
				Page 2 of 8
skarsinini sasinini				orumumaure manumumsursumummaurestossistima
<010>	Study Area Code		448034	
<015>	Study Area Name		Texas 10, LLC	
<020> <030>	Program Year  Contact Name - Person USAC should contact regarding th	is data	2017	
<035>	Contact Telephone Number - Number of person identifier		Chad Strausbaugh 6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	d in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	500 B	17235110		
<111>		Texas 10, LLC		
<112>		Texas 10, LLC		
<113>		1170 Devon Park Dri	ve. Suite 104	
<114>	•	Wayne	-	
<115>		PA		
<116>		19087		
<117>	Tolonhono Number	6105356474 ext.		
<118>	Fax Number			
<119>	Email Address	6106885209		
		cstrausbaugh@cellone	enation.com	
Contact In	if same as above, indicate in this box			
<120>	Name /First MI Last Cuffix			
<121>		Thad Strausbaugh		
<122>	Street Address (or PO Box)	exas 10, LLC		
<123>	City.	170 Devon Park Driv	ze Suite 104	
	-	layne		
<124>	_	PA .		
<125>		.9087		
<126>	<del>-</del>	105356474 ext.		
<127>		106885209		
<128>	Email Address	strausbaugh@cellone	enation.com	
Authorize	d Agent Information			
	if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	-			

2010: Shirt Assa Cada		44903	4	
(060) Coverage and Performance Re	port			ed by OMB ntrol No. 3060-1185

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

	448034_CPRd_TX.zip
rmace attachments	

Coverage and Performace attachments

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b>461&gt;</b>	<b2></b2>	<63>	<cl></cl>	<c2></c2>	<b><c3></c3></b>	<d>.</d>
				Resident		Total Resident Population	per	Road Miles per Census Block	Total Road Miles covered per Census	Certify that Coverage and Performance data is uploaded (Yes/no)
	State	County	Census Block	Census Block	by Service	Service	Block	Reached	Block	
				9	ee attach	ed worksl	neet			

•	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)				
certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE	Date 06/28/2017		
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448034	Filing Due Date for this form: 07/03/2017		
Persons willfully making false statemen	·	by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment e 18 of the United States Code, 18 U.S.C. § 1001.		

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) carrier. I also certify that I am an officer or employee of the n authorized agent; and, to the best of my knowledge, the repo	is authorized to submit the information reported on behalf of the reporting porting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the ts and data provided to the authorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be	ounished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of I	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein I knowledge, the information reported herein is accurate.	ased on	
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
Signature of Authorized Agent or Employee of Agent:	Date:		
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Age			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
	punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonme Title 18 of the United States Code, 18 U.S.C. § 1001.	ent under	

080) Triba	Lands Reporting			FCC Form 690 Approved by QMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448034	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identificant Email Address - Email Address of person identificant Email Addres			
(0332	Contact Email Address - Email Address of person faction	ice iii data iii c	30> cstrausbaugh@cellonenation.co	Ont.
<142>	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
<145>	Tribal Government Engagement Obligation			
		Name of Attached L	Pocument (.pdf)	
	If your company serves Tribal lands, please select (Yes,		e) for	
	each of these boxes to confirm the status described on			
	PDF, on line 145, demonstrates coordination with the	Tribal		
	government pursuant to § 54.1004 includes:			
			Solact	
			Select (Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a fo	cus on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

(090) Project	Update Information	ECC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
4010b	Chiralis Asso Codo	
<010>	Study Area Name	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year  Contact Name Person USAC should contact regarding this data	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
	• •	
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	453611.80
<203>	Total Mobility Fund Support Disbursed	434922.99
<210>	Actual Completion Date	2010/2015
<210>	Actual Completion Date	08/04/2015
<211>	Project Status Description (attached)	448034_PSD_TX.pdf
	,	·
		(1)
	District Control of the Control of t	{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	<b>✓</b>
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	<b>✓</b>
<216>	Project Budget Status	<b>✓</b>
<217>	Project Plan Status	1

**●** 3G **●** 4G

<218> Network will Support 3G/4G Mobile Service ?

(101) Certification - Reporting Carrier	FCC Form 690 Approyed by OMB OMB Control No. 3060-1185
•	Page 7 of 8

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.				
Name of Reporting Carrier: Texas 10,	LLC			
Signature of Authorized Officer: CER	TIFIED ONLINE		Date 06/28/2017	
Printed name of Authorized Officer:	d Strausbaugh		-	
Title or position of Authorized Officer:	taff Counsel		_	
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448034	Filing Due Date for this form: 07/03/2017		

06/28/2017 Page 7

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448034	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

is authorized to submit the information reported on behalf of the reporting carrier. I clude ensuring the accuracy of the data reporting requirements provided to the authorized e authorized agent is accurate.
Date:
Filing Due Date for this form:

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier						
	orized to submit the reports for Mobility Fund recipients on beha carrier; and, to the best of my knowledge, the information repor					
Name of Reporting Carrier:						
Name of Authorized Agent Firm:						
Signature of Authorized Agent or Employee of Agent:		Date:				
Name of Authorized Agent Employee:						
Title or position of Authorized Agent or Employee of Agen	t					
Telephone number of Authorized Agent or Employee of A	gent:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:					
	can be punished by fine or forfeiture under the Communications Act of 19 18 of the United States Code, 18 U.S.C. § 1001.	934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title				

# **Attachments**

(050) Coverage and Performance	Report		FCC Form 690 Approved by OMB
			OMB Control No. 3060-1185
Marie Calling			

<010>	Study Area Code	448034
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<141>

<a1></a1>	<b><a2></a2></b>	<a3></a3>	. <b>*</b> 61>	· <62>	<bs>&lt;</bs>	<ci>)</ci>	<c2></c2>	<c3></c3>	ත්ර
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	San Augustine	0000	0	0	0	0.0	0.0	0.0	Yes
		,							
		,							
								# # # * * * * * * * * * * * * * * * * *	- 11.

Percentage of				
<b>Total Population</b>				
Reached by				
Service				

0			

Percentage of Total Road Miles covered by Service

_			
0			

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

## FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

### **Project Status Description**

Item: SAC 448034

County/State: San Augustine, TX Total Award Amount: \$453,611.80

#### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund §54.1009 Annual Reporting lection Form		FCC Form Approved by OMB OMB 3060-1185 Avg. Burden Estimate per Respondent: 18 Hours
<010>	Study Area Code	448035	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2017	Accepted / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN 29 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Federal Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com	
<040>	Has the information required pursuant to §54.1009		1 <040> <b>(</b>
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>
<080>	Tribal Lands Reporting (y/n?) (Does this study area cov	er tribal lands? Yes or No)	O •

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carr	ier Contact Form			FCC Form 590 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
242				
<010>	Study Area Code Study Area Name		448035 Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding th	nis data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie	d in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifie	ed in data line <030>	cstrausbauch@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>		17235110		
<111>	Filing Carrier Name	Texas 10, LLC		
<112>	Winning Bidder Carrier Name	Texas 10, LLC		
<113>	· · · · · · · · · · · · · · · · · · ·	1170 Devon Park Driv	ve, Suite 104	
<114>	·	Wayne		
<115>	· ·	PA		
<116>	71 0 1	19087	***	
<117>	Tolophono Number	6105356474 ext.	······	
<118>	Fax Number			
<119>	Email Address	6106885209		
	-	cstrausbaugh@cellone	enation.com	
<u>Contact In</u> <120>	formation  if same as above, indicate in this box  Name (First, MI, Last, Suffix)			
<121>	Filtra Constant No. 22	Chad Strausbaugh		
<122>	Street Address (or PO Roy)	rexas 10, LLC		
<123>	City.	<u> 170 Devon Park Driv</u>	e. Suite 104	
	Chana	Mayne		
<124>	-	PA .		
<125>	_	19087		
<126>	<del>-</del>	5105356474 ext.		
<127>	Fax Number	5106885209		
<128>	Email Address	cstrausbaugh@cellone	nation.com	
Authorized	d Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number	<del>-</del>		
<138>	Email Address			
-130-		· · · · · · · · · · · · · · · · · · ·		

(060) Coverage and Performance Report	FCC Form 690
	Ap proved by OM8
	OMB Control No. 3050-1185
	Page 3 of 8

<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year 08/2016 - 07/2017	

448035_CPRd_T	X zin	
1.10000_01.10_1		

Coverage and Performace attachments

<141>

<a1></a1>	<b>≺82&gt;</b>	<b>&lt;23&gt;</b>	 61>	<b>&lt;</b> 62>	<bs></bs> b3>	<i>i&gt;</i>	<b>&lt;2</b> ->	<c3></c3>	<d>&gt;d&gt;</d>
State	County		Resident Population per	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
								-	
			9	ee attach	ed works	heet			

	0		0
Percentage of Total		Percentage of Total	
Population Reached by		Road Miles covered	
Service		by Service	

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
(U/O) Orban Nate Compensative Controller Compilative	Approved by OMB
	OMB Control No. 3060-1185
	Page 4 of 8
	HASHISHIANA SANAAAN AANAA WALAA WA

<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

c	Certification of Officer or En	mployee as to Compliance with 47	CFR §54.1009(a)(4)	
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this formand in any attachments is accurate.				
Name of Reporting Carrier: Texa	s 10, LLC			
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017	
Printed name of Authorized Officer:	Chad Strausbaugh			
Title or position of Authorized Officer:	Staff Counsel			
Telephone number of Authorized Officer:	6105356474 ext.			
Study Area Code of Reporting Carrier:	448035	Filing Due Date for this form:	07/03/2017	

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Comp	
certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsil	pilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
authorized agent; and, to the best of my knowledge, the reports and data provided to the a	uthorized agent is accurate.
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier: Filing Due	e Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture und under Title 18 of the United State	

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier			
, as agent for the reporting carrier, certify that I am authodata provided by the reporting carrier; and, to the best of t	ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or y knowledge, the information reported herein is accurate.		
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
ignature of Authorized Agent or Employee of Agent:	Date:		
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Age			
itudy Area Code of Reporting Carrier:	Filing Due Date for this form:		

080) Triba	i Lands Reporting			FCC Form 690
				Approved by OMB
				OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448035	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding t		Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifie		6105356474 ext.	
<039>	Contact Email Address - Email Address of person identifi	ied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State			<del></del>
<143>	County			
	-			
-1 4 4 5	Tribal Land(s) on which ETC Serves			
<144>	Tribal Land(s) on which ETC Serves			
		Γ		<del></del> 7
<145>	Tribal Government Engagement Obligation			
<b>\143</b> >	Tribal Government Engagement Obligation	Name of Attached Docum	ent ( pdf)	
		aj ratatirea botani		

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	(100),100,1001,1001,1001,1001,1001,1001,
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
	ensammassammanasikses seesa sisuumassammanammassammanammanassammanamman	
<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<200>	Date Authorized to Receive Support	08/16/2013
<201>	Targeted Completion Date	08/17/2015
<202>	Total Mobility Fund Support Awarded	51966.00
<203>	Total Mobility Fund Support Disbursed	51950.41
-240-	Askual Carrallation Date	
<210>	Actual Completion Date	07/29/2015
<211>	Project Status Description (attached)	448035_PSD_TX.pdf
	, , , ,	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	<del> </del>
<212>	Status of Network Deployment - Network Design	<b>✓</b>
<213>	Status of Network Deployment - Construction	✓
<214>	Status of Network Deployment - Deployment	✓
<215>	Status of Network Deployment - Maintenance	
<216>	Project Budget Status	
<217>	Project Plan Status	<b>/</b>

3G

<218> Network will Support 3G/4G Mobile Service ?

(101) Certification - Reporting Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 7 of 8

<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Texas	10, LLC		
Signature of Authorized Officer:	CERTIFIED ONLINE		Date 06/28/2017
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448035	Filing Due Date for this form: 07/03/2017	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

1102) Certification - Agent / Certier FCC Form 690	
(102) Certification - Agent / Certier FCC Form 690	
Approved by OMB	
OMB Control No.	
Page 8 of 8	

<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting car Iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized		
agent; and, to the best of my knowledge, the reports a	nd data provided to the authorized agent is accurate.		
Name of Authorized Agent:			
Name of Reporting Carrier:			
Signature of Authorized Officer:		Date:	
Printed name of Authorized Officer:			
Title or position of Authorized Officer:			
Telephone number of Authorized Officer:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		
Persons willfully making false statements on this form	can be punished by fine or forfeiture under the Communications Ar under Title 18 of the United States Code, 18 U.S.C. § 1001.	ct of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment	

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fur reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the			
Name of Reporting Carrier:			
Name of Authorized Agent Firm:	Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent: Date:			
Name of Authorized Agent Employee:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Agent:			
Study Area Code of Reporting Carrier: Filing Due Date for this form:			
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Co 18 of the United States Code, 1	1 1 1		

# **Attachments**

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	448035
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2016 - 07/2017

<=3> <b1> <b2> <b5> <b5> <<b1> <<2> <</p> <141> Certify that **Total Road** Coverage and Resident Total Resident **Road Miles** Miles Performacne per Census Population Population Road Miles Resident covered per data is uploaded Block Newly per Census **Newly Reached** Reached by Census Block Population per (yes/no) by Service Reached Census Block Block State County Census Block Service San Augustine 0000 Yes 0 0.0 0.0 тx 0.0

Percentage of
<b>Total Population</b>
Reached by
Service

0			l

Percentage of Total Road Miles covered by Service

0			

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2016 – July 2017

## **Project Status Description**

Item: SAC 448035

County/State: San Augustine, TX Total Award Amount: \$51,966.00

#### **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

	Fund - §54.1009 Annual Reporting lection Form		Avg. Burd	FCC Form Approved by OMB OMB 3060-1185 an Estimate per Respondent: 18 Hours
<010>	Study Area Code	448036		
<015>	Study Area Name	Texas 10, LLC		Accepted / Filed
<020>	Program Year	2017		,
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh		JUN 29 2017
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.	Feder	al Communications Commission Office of the Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
more and a second				
<040>	Has the information required pursuant to §54.1009 b			•
	<041> Attach a description of the documents file	d with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the For	m 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	tribal lands? Yes or No)	0	•

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

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